Appendix B. Screening Checklist, based on type of self-administered contraception

(adapted from the U.S. Medical Eligibility Criteria for Contraceptive Use)

If com	bined hormonal contraception (patch, pill, ring) is desired:
Do you	thave any of the following?
	taking antiretrovirals for pre-exposure prophylaxis or HIV treatment
	taking certain anticonvulsants/antiepileptics: phenytoin, carbamazepine, barbiturates,
	primidone, topiramate, oxcarbazepine, lamotrigine
	taking rifampin
	current or past breast cancer
	≤ 6 weeks postpartum
	severe liver cirrhosis
	history of DVT/PE
	upcoming major surgery with prolonged immobilization
	diabetes of >20 years duration &/or with kidney disease, eye disease, neuropathy, or vascular
	disease
	current gallbladder disease with symptoms
	history of gallbladder disease due to combined hormonal contraception
	migraines with aura
	history of bariatric malabsorptive procedure
	hypertension, with systolic blood pressure \geq 160 or diastolic blood pressure \geq 100 mm Hg or
	vascular disease
	ischemic heart disease
	known thrombogenic mutations
	hepatocellular adenoma or hepatoma
	Multiple risk factors for atherosclerotic cardiovascular disease (e.g., older age, smoking,
	diabetes, hypertension, low HDL, high LDL, or high triglyceride levels)
	multiple sclerosis with prolonged immobility
	peripartum cardiomyopathy
	Age \geq 35 & smoker
	solid organ transplant with complications
	History of stroke
	Current or past superficial venous thrombosis
	valvular heart disease with complications
	acute or flare of viral hepatitis
	Lupus with antiphospholipid antibodies or if unknown antibody status
	estin-only pills are desired:
Do you	thave any of the following?
	taking certain anticonvulsants/antiepileptics: phenytoin, carbamazepine, barbiturates,
	primidone, topiramate, oxcarbazepine
	taking rifampin
	current or past breast cancer
	severe liver cirrhosis
	hepatocellular adenoma or hepatoma
	current or past breast cancer
	Lupus with antiphospholipid antibodies or if unknown antibody status

If depot medroxyprogesterone acetate is desired:		
Do you have any of the following?		
	Unexplained abnormal vaginal bleeding	
	History of stroke	
	hepatocellular adenoma or hepatoma	
	hypertension, with systolic blood pressure \geq 160 or diastolic blood pressure \geq 100 mm Hg or vascular disease	
	diabetes of >20 years duration &/or with kidney disease, eye disease, neuropathy, or vascular disease	
	current or past breast cancer	
	severe liver cirrhosis	
	Lupus with antiphospholipid antibodies or if unknown antibody status	